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Alcohol Education for Elementary School Children

Pam R. Stamper
University of Northern Iowa

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Alcohol Education for Elementary School Children

Abstract

In 1992, close to 90% of high school seniors reported past experience with alcohol, while 50% stated use in the last month and 3% reported daily use of alcohol (Adger & Werner, 1994). According to a report in 1993, 78% of high school seniors had used alcohol in the past year and one-third stated that they drank heavily (Feaster, 1996). The average age of children first using alcohol, outside of the family or religious functions, was twelve years (Bosworth & Cueto, 1994; Feaster, 1996; Mason & Hodge, 1995). National data showed that adolescents and preadolescents used alcohol at age eleven (Harmon, 1993).

Alcohol Education for Elementary School Children

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**Pam R. Stamper
University of Northern Iowa**

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Donald W. Schmits

Director of Research Paper

Barry J. Wilson

Co-Reader of Research Paper

Co-Reader of Research Paper

Donald W. Schmits

Graduate Faculty Advisor

Barry J. Wilson

Head, Department of Educational
Psychology & Foundations

8-26-99

Date Approved

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CHAPTER 1

Introduction

In 1992, close to 90% of high school seniors reported past experience with alcohol, while 50% stated use in the last month and 3% reported daily use of alcohol (Adger & Werner, 1994). According to a report in 1993, 78% of high school seniors had used alcohol in the past year and one-third stated that they drank heavily (Feaster, 1996). The average age of children first using alcohol, outside of the family or religious functions, was twelve years (Bosworth & Cueto, 1994; Feaster, 1996; Mason & Hodge, 1995). National data showed that adolescents and preadolescents used alcohol at age eleven (Harmon, 1993).

Almost 50% of sixth graders stated that they had been pressured by peers to use and 40% had drunk beer or wine, but only 14% thought they were at a risk for drinking daily (Adger & Werner, 1994). Out of sixth graders 10% reported using alcohol more than one time per month (Jones, Corbin, Sheehy, & Bruce, 1995). Data indicated that children as early as fourth grade experience pressure to try alcohol (Dielman, Shope, Burchart, & Campanelli, 1986). Almost 50% of eighth grade students reported alcohol consumption in the past year. (Komro, Perry, Murray, Veblen-Mortenson, Williams, & Anstine, 1996). The range of binge drinking among tenth graders increased from 21% in 1992 to 23% in 1993. In the

class of 1994, 10% stated that they used alcohol by the sixth grade (Bangert-Drowns, 1988).

The pattern of drinking at ever earlier ages is important to consider because the earlier an individual begins to drink, the greater the likelihood of related problems later (Adger & Werner, 1994). Mason and Hodge (1995) found evidence that either moderate to heavy drinkers or individuals with a history of problem drinking may have had held beliefs earlier in their lives about alcohol which changed their experiences and social relations. Studies suggested that children use alcohol earlier and drink more heavily at earlier ages than in the past (Adger & Werner, 1994; Dielman, et. al., 1985; Dielman, Shope, Leech, Butchart, 1989). Surveys reported that junior high school students drink alcohol to a greater extent than a generation ago: a larger proportion of them drink, they begin to drink earlier, they drink larger quantities, and report more frequent intoxication (Elliot & Parron, 1982). As young children progress through adolescence, more and more experiment with and begin regular use. First use generally occurs around puberty. By high school young individuals already have established habits (Hanson, 1988). Favorable attitudes toward alcohol become evident in the higher elementary grades. The fourth, fifth, and sixth graders showed significant alterations in behavior, receptiveness to peers, and actual use of some types of alcohol, especially with fifth and sixth graders (Hietteman, Sarvela, & Benson, 1992). The increase of alcohol use in grades prior to

sixth grade went from 1.1% in 1975 to 5.0% in 1984 (Johnston, O'Malley, Bachman, 1985). The White House Drug Abuse Policy Office reported, by Eady, in 1983 that children experience pressure to use alcohol in the fourth grade. Those who misuse alcohol as children were often those represented among adult problem drinkers and alcoholics (Dielman, et al., 1985).

Alcohol is the most widely used drug among young people today. Among students in a New York State report, 58% used alcohol by age twelve and 75% used by the age thirteen (ED349502, 1991). Jones, et. al., (1995), reported that there were three million teenage problem drinkers in this country. Alcohol use contributed greatly to accidents, unintended injuries, homicides, and suicides, which were the leading causes of death among teenagers. Alcohol use, abuse, and dependence contributed significantly to mental health disorders among adolescents. It was found that 50% of motor vehicle accidents and homicides and a large number of suicides were associated with adolescents using alcohol (Adger & Werner, 1994). Children and adolescents that consume alcohol often partake in other risk-taking behaviors. Correlations between alcohol and sexual activity, as well as most date rapes, were found when alcohol was used by one or both partners.

Approximately 28 million individuals who are now being raised or who have been raised have at least one parent who is or was an alcoholic in the home (Harmon & Withers, 1992). Almost one in every eight children in the United States

had a parent with a past or current problem with alcohol consumption. Children of alcoholics also have a four to five times greater likelihood of developing alcohol dependence than other children (Adger & Werner, 1994).

Primary locations to curb teenage use of alcohol are schools. Schools are provided with funds from federal and state agencies that allow teachers to train and create curricula to decrease teen substance abuse. Because of the financial aid for services there is more choice for the curriculum process (Bosworth & Cueto, 1994). Children spend the majority of their time in the school buildings allowing more time for implementation of programs. Schools also have a better chance to reach a larger number of children at one time. Evidence suggests that school-based drug prevention efforts can have an impact. Public Law 342-1989 required every grade in the public schools to provide “instruction concerning effects of alcohol, tobacco, prescription drugs, and controlled substance have on the human body and society at large” p. 22 (Bosworth & Cueto, 1994). Since parents and teachers are primary sources of information about alcohol for younger children, schools should focus on this time of their lives and foster implementation of quality programs addressing knowledge, attitudes, and behaviors. Schools should use techniques that encourage positive personal and social skills in resisting drug use (Huetteman, Sarvela, & Benson, 1992). The information that students receive in school through educational programs may change their knowledge and attitudes of alcohol use.

School prevention programs involving health promotion have focused the majority of attention on health-risk factors, such as drug abuse, overeating, and sedentary life-style. If the prevention programs in school want to attend to problematic-addictive behaviors, it is necessary for school counselors, teachers, and other school personnel to be knowledgeable regarding various theories of addiction and similar prevention strategies (Jensen, 1992). Although educators were responsible for implementing program materials and activities, the data describing teacher training and degree and manner of implementation of prevention curricula were often not reported (Flannery & Torquati, 1993). Researchers have stated that the focus should be on the characteristics and the prediction of advancing levels of adolescent drinking that may lead to problematic or abusive drinking (Reifman, Barnes, Dintcheff, Farrell, & Uhteg, 1998).

Children are susceptible to the conditions around them and preoccupation with chemical addiction could cause continual failure of family communication and positive socialization systems because alcohol abuse overpowers child rearing. Children learn from others around them. They learn social and communication skills whether it is taught through direct instruction or acquired through observation and modeled behavior (Feaster, 1996).

In today's society, children of all ages are exposed daily to advertisements showing alcohol as glamorous and socially acceptable (Gamble & Burgess, 1994). It

is difficult for young individuals to internalize the warnings concerning alcohol use when alcohol is being used around them by adults and glamorized in the media advertisements. "A 1983 Weekly Reader survey found that fourth graders were influenced by advertisements that portrayed alcohol usage as attractive more often than children of other ages" p. 1-2 (ED349502, 1991). Before children and adolescents ever drink, they have witnessed how to act when intoxicated. By viewing and playing these roles, they have been rehearsing the role of drinking and view alcohol as a powerful substance (Ullman & Orenstein, 1994).

"In sum, the family patterns associated with the transmission of alcohol from one generation to another are also those which enhance emulation of the alcoholic. Under such conditions, offspring are likely to develop strong, internalized motivation to drink. It is not merely that the low-transmitting family cushions children from the effects of the alcoholism or teacher them how to disengage from it. It is also that the high-transmitting family teaches its children to use alcohol to obtain satisfaction in interpersonal relations. The parental model shows children how alcohol can provide a solution for the feelings of powerlessness that the high-transmitting family engenders" p 6-7 (Ullman & Orenstein, 1994).

Purpose

The purpose of this paper is to review the literature regarding alcohol prevention programs used in elementary schools. The focus of this paper is on what is being done in the schools to prevent this behavior because school is where children spend the majority of their time besides the home. This paper will show statistics that children are drinking at earlier ages and it is leading to other forms of

abuse and misuse of other substances. Various forms of interventions used in the schools will be defined and discussed. Research on the effectiveness of these programs will be included as well as an attempt to determine if the programs used in the schools increase alcohol awareness and prevention. If interventions are ineffective alternative steps or solutions will be presented to prevent the increasing problem with alcohol and youth.

Statement of the Problem

Over the years alcohol abuse among young children has greatly increased, causing concern for society in general. Although most schools have prevention programs, few are effective in preventing alcohol use (Adger & Werner, 1994). Alcohol has been shown to be the gateway to the use and abuse of other drugs. This is the most important population to reach with the prevention message. We tended to fail to gain their attention in the schools in the past because they begin drinking sooner than prevention efforts predicted. Interventions fail again because children come from homes where the adult role models accept or encourage early adolescent use, which escalates alcohol use (Stevens, et. al., 1996).

Another problem is the limited information regarding the effectiveness of interventions used in the early school years. A number of programs exist, but they lack solid facts or support for their intervention process.

Research Questions

The following questions are posed:

- (1) What are the most widely used alcohol prevention programs at the elementary level?
- (2) At what age do these programs begin and how often are prevention strategies implemented?
- (3) What are the most effective intervention programs used at the elementary level?
- (4) What changes need to be made in order to create a more effective alcohol intervention program?

CHAPTER 2

History of Alcohol Use in Children

The increase of drug abuse among youths from 73, 446 in 1985 to 121, 951 in 1994 has lead to questions regarding effectiveness of alcohol education programs (Zagumny & Thompson, 1997). Research identified adolescents as a period of experimentation, concluding that drug programs should stress the decrease in abuse and regular use, rather than trying to prevent experimentation (Pellow & Jengelski, 1991). The emphasis on prevention in early adolescents was consistent with recommendations from various research studies (Bosworth & Cueto, 1994). Because drug use could begin so early, prevention strategies need to focus on youth before they come into contact with alcohol (Harmon, 1993).

Past prevention efforts have not been effective, because it was found that first generation of alcohol prevention programs such as information dissemination (stating facts), affective education (clarifying values and increasing self-esteem), and alternative activities to alcohol use have little or no impact on dissuading alcohol use (Harmon, 1993). The second generation of prevention programs has shown to be more effective. They involve strategies focusing on the increase of general personal and social skills, such as problem solving, decision making, coping, resisting peer pressure, and assertiveness through acquisition.

Research by Bosworth and Cueto (1994) used a survey instrument and found seventeen curricula that had been reviewed by a state agency and were considered appropriate for state funding. They found that certain schools did not use specific prevention curricula but integrated substance abuse prevention with other subjects, such as science and health education classes. Private elementary schools are twice as likely to implement locally developed curricula as commercially available curricula. Public schools were found to have used a variety of drug education strategies for the elementary students. The most widely used curricula in public schools are QUEST-Lions, a social skills youth development program with an emphasis on drug abuse prevention, Here's Looking at You-2000, and BABES. Private schools tend to use Project 1 Star, although QUEST-Lions was frequently used. DARE and prevention curricula were also integrated into the traditional courses. A greater percentage of private schools have trained teachers at the kindergarten through eighth grade levels. Both private and public schools were increasing the development of their own curricula regarding alcohol prevention.

The problem of substance abuse and the resulting consequences impact our schools and communities in negative ways. Most school districts have created interventions in order to deal with this issue, however, the documentation of the effectiveness of prevention programs is insufficient in most institutions (Mason & Hodge, 1995). Research needs to be conducted to determine which programs were

most effective, for whom they work best, how long the effects of the program would last, and how to adequately implement these strategies into the schools curricula. A complete and efficient format for all programs would help when budgetary decisions were made to verify the effectiveness of different interventions (Mason & Hodge, 1995). Achieving positive results for drinking prevention was especially important, since most children drink before they use any other form of drug (Stevens, et. al., 1996).

Tobler (1986) conducted a meta-analysis of research on secondary school substance interventions in order to determine either a specific or a combination of modalities that were effective in adolescent substance abuse. Adolescence is a transition period into adulthood and can at times cause trouble for a society that views alcohol use as acceptable behavior (Tobler, 1986). The intervention programs were coded into seventeen parts, identifying sixteen modalities, which formed into five major categories.

The first modality is the Knowledge Only (MOD 1) programs from the earlier interventions, which were often used as “scare tactics.” Affective Only (MOD2) programs make no reference to drugs, but focus on developing social and interpersonal growth. These programs measure achievement by the relationship in substance use. Peer Programs (MOD 3) were constructed based on the idea of peer influence. If a young individual’s peer group approves of negative behavior or has

positive views towards alcohol, abuse is more likely. The Tennessee Self Concept Scale was used and it confirmed the adolescent's almost universal negative self-concept through the norm patterns. Peer Refusal Skills, a subdivision of MOD 3, focuses on to "Say No." Subgroup two, Social and Life Skills, states that drug use is a complicated exchange of peer pressure to gain acceptance and popularity, and the self-inflicted pressures by the adolescent him/herself. The third component is Basic Life Skills, which is created to improve the general competence of the youth (Tobler, 1986).

A few programs use single modalities, such as the Knowledge Plus Affective (MOD 4) programs, that view many multimodal interventions as combinations of single modalities. The Alternatives (MOD 5) programs focus on the relationship of drug use from two different approaches. The first is made for the average youth and includes community functions and activities and the change to engage in non-substance leisure activities. The other is altered towards "at risk" youth for both intensity and programming. This modality stresses remedial tutoring, one-on-one relationships, job skills, and physical adventures (Tobler, 1986).

The criteria for the Tobler (1986) meta-analysis included:

- (1) Quantitative measurements on the qualified measures
- (2) A control group or comparison group

- (3) Age level involvement of the middle and high school students, grades six through twelve and;
- (4) The program goal is primary prevention, such as developing positive attitudes, values, behaviors, and skills

The purpose of this study was to compare different modalities on specific outcome measures. The five categories were: Knowledge, Attitudes, Use, Skills, or Behavior. The research found 240 studies, with 98 (41%) being experimental or quasi-experimental. Although 47 (20%) studies were quantitatively evaluated, they were dropped because they lacked a control group, along with 45 (19%), which lacked evaluations. An additional 39 (16%) were excluded because of the unavailability of program directors for response. The last 21 (5%) were not available through inter-library loan. The research of 98 studies led to 143 various program configurations, which represented the largest group of experimental and quasi-experimental programs studied.

The majority of the programs were school-based with equally distributed geographical locations from urban and suburban groups, although the rural population was under-represented. The economic class tended to be more middle class students and 12.6% represented special populations. The programs were from the years 1972 to 1984 and were most often funded by universities. Teacher training was provided for 45% of the programs, while one third of the programs were

provided texts or written materials. The success or failure of the programs was not reported in 57.9% of the studies (Tobler, 1986).

If decreased drug use was the goal for these programs, the final focus should be on the Use measure. Peer Programs (MOD 3) were definitely more effective than all the other programs. MOD 3 was high on all categories of drugs, while the combination of MOD 1, MOD 2, MOD 4, and MOD 5 reported low results, especially in regards to alcohol and soft drugs. The results for MOD 3 put the average participant at the 68.3th percentile (Tobler, 1986).

Findings for MOD 1 found no success with Attitudes or Use, which is why these types of programs are rarely used. MOD 2 programs presented even lower results than MOD 1 with the lowest effect size of .07 for Use. The results for MOD 3 provided that largest effect on Knowledge, which was twice as high as Attitudes. Use was higher than Attitudes, with the mean at (.40) for all three subcategories. A high result for Skills was determined, but Behavior measured negative because of two outliers. The scores for MOD 4 were low at the .25 range while MOD 5 resulted in a high effect toward Behavioral measures. It is important to consider that this included measures such as school grades and attendance along with the actual behavior reports (Tobler, 1986).

Multimodal programs show a definite advantage over single modalities, such as MOD 1 and MOD 2, which have proven to be ineffective. The results from

the Peer Programs join positive influence with skills training suggest an effective approach. Significant results could occur even without attitude change. This meta-analysis showed that drug use patterns were altered without a joint change in attitudes. The possibility exists that these abilities could be obtained quickly while general attitudes could not be altered for this age group. The ability to refuse peers may provide youth with the chance to “do their own thing” without worrying about their peers (Tobler 1986).

The Tobler (1986) study challenges the idea that changing knowledge will change attitudes along with behavior alterations. It also doubts the use of an attitude outcome measure to figure out behavior changes in drug use and requires the inclusion of applicable drug use measures as the final components for effective results. Peer Programs results showed effectiveness in the goal for decreasing drug abuse behavior. This program was of low intensity, allowing schools the ability to afford implementation as well as found an effective way to positively effect adolescent abuse.

Many substance abuse education strategies have not been effective in preventing or delaying the onset of drug abuse among teens (Pellow & Jengeleski, 1991). Substance abuse education was found successful in increasing the students' knowledge, but was less successful in changing their attitudes (Gamble & Burgess, 1994). The affective strategies used to prevent the onset of substance abuse showed

behavior training in relevant social skills, such as resistance and coping skills (Pellow & Jengeleski, 1991).

A recent trend in some programs was to use positive peer pressure through teaching and counseling with similar aged peers. (Pellow & Jengeleski, 1991). Successful drug prevention programs addressed peer pressures to use drugs and the adolescent view that using alcohol is socially acceptable and advantageous. Evidence from these researchers suggest that programs involving peers and teachers achieve more effective outcomes than interventions with teachers alone. "Tobler's analysis of 143 drug prevention programs revealed that peer programs were effective for the average school-based adolescent population..." p 205 (Pellow & Jengeleski, 1991). Research by Bangert-Drowns (1988) found that fellow students may be the most persuasive sources for informing their peers on normal behaviors and attitudes. Substance abuse strategies stressing group interactions may be more successful than lecture type programs lead by an adult. Individuals will change attitudes or alter behaviors to figure out uncertainties in oneself. Programs that focus on or introduce these uncertainties through group discussions or interactions may successfully lead to behavioral and attitudinal changes (Bangert-Drowns, 1988). A meta-analysis of 143 adolescent drug intervention strategies showed peer involvement programs were more effective. Alcohol-free activities were shown to be effective with high risk adolescents for increasing skills and altering behavior in both direct and indirect

alcohol use. This suggests that peer programs and drug-free activities look promising preventing modalities to investigate with young adolescents (Komro, Perry, Murray, Veblen-Mortenson, Williams, & Anstine, 1996). Students select representatives to attend a leadership training. Students learn how to plan, organize, and promote alcohol free activities for peers.

Gaines, et. al., (1988), reported that individuals drink to alter their present state and to make it equal to a desired state. Children's knowledge of drinking was demonstrated when they identified adult's drinking motives. Rules and constraints towards consumption had to be regulated depending on the situation and they may be operative if they were a part of meeting the need. For example: a child sees their parent have a drink to relax before a big meeting with the boss, but it would be poor behavior to get drunk in front of the boss. Children need to learn about these rules and constraints. This was demonstrated by being aware of the amounts associated with drinking alcohol relative to the consequences, laws associated with drinking, places for drinking, and occasions for drinking.

A study of kindergartners, third graders, sixth graders, and eighth graders attempted to determine the age-related development of children's beliefs and knowledge concerning alcohol use (Gaines et. al., 1988). They found that most children were not aware of the legal age for public consumption of alcohol. The sixth and eighth graders knew more places to drink than the kindergartners. Age-

related qualitative differences were also found both in children's understanding of adult's drinking motives and in their understanding of rules and constraints regarding drinking. It was not until eighth grade that children realized that beer was under different limitations than whiskey. The children in sixth grade recognized that both psychological antecedents and consequences play a role in drinking, so the influence of environmental factors, such as parental drinking and television may be decreased. Drinking was viewed by children as a decision that they made concerning their own behavior. That decision was greatly influenced by parental drinking. Half of the children in this study (31 of 61) who have a parent who drinks stated they would not drink later (Gaines, et. al., 1988).

Gamble and Burgess (1994) found that elementary students were knowledgeable about alcohol and the various forms of alcohol. The major concern was the fact that most students were unaware of the effects alcohol on the body and mind. This study attempted to determine the awareness among elementary age children regarding the negative consequences alcohol had on their life as well as the lives of others (Gamble & Burgess, 1994).

Dielman, et. al., (1989), found a number of problems with the past programs used for alcohol prevention. The problems cited were: 1) poorly formulated educational goals, 2) inadequately designed evaluations, 3) lack of realistic objectives, 4) lack of any theoretical basis, 5) a focused on measuring changes in

information, attitudes, or intentions with related behaviors not the actual behavior, 6) an exclusive reliance on short-term differences between groups on behavior measures, 7) failure to carefully consider or specify the behavioral outcome measures, and 8) lack of standardization of the program implementation. These researchers stated that it was likely that education programs on alcohol will never be successful in completely preventing experimentation, but conceivably could have a direct impact towards decreasing drug abuse. Stevens, Mott, and Youells (1996), believe preadolescence is the most important population to reach with the prevention message. Achieving positive results for drinking prevention is especially important, since most children drink before they use any other drugs. The reason most programs were ineffective with children was because “we failed to reach them in the school partially because they began drinking sooner than our prevention program designs predict; but we fail to reach them in the school setting also because they come from homes where adult role models tolerate or encourage preadolescent and young adolescent initiation and escalating use of alcohol” (164, Stevens, et. al., 1996).

Other forms of prevention used by schools are films, videos, computer programs, speakers, related curricula. “Just Say No” clubs are popular in elementary school settings. Activities were made available throughout the year which promoted the establishment of peer groups which value being healthy and drug free. Another is

McGruff the crime dog (Bosworth & Cueto, 1994). Prevention program curricula in the elementary vary from improving self-esteem, to teaching techniques to resist peer pressure, to teaching specific information about drugs and their effects on the body (Flannery & Torquati, 1993). Additional programs found by Pellow and Jengelski (1991) were ALERT (Adolescent Learning Experiences in Resistance Training), where students learn from the curriculum to identify and resist direct pressures to use substances through resistance skills. Another is New Connections, a school-based program from California Department of Alcohol and Drug Program, provided the community with prevention and counseling programs, peer discussions, peer presentations, and family interventions. A number of other alcohol interventions are used throughout various elementary schools.

Harmon (1993) stated that prevention holds more promise in tempering adolescent drug use than supply reduction or treatment because of the timing of the programs and the focus on the “gateway” substances (alcohol, tobacco, marijuana). Pellow and Jengelski (1991) found that preventive education interventions had not been effective in slowing down or stopping drug abuse among young adolescents. Those programs which showed success provided behavioral training in social skills, such as resistance and coping skills, could stop drug abuse (Pellow & Jengeleski, 1991).

Carlson (1994), found that positive trends exist from different studies, such

as the indication that young children use alcohol at a slower rate. Past research had found that initiation of use at an earlier age increased that chance of involvement in more serious substance use and slowing down onset of use had positive effects. The later the use of alcohol decreased the time during which the individual was most likely to begin using marijuana, and this lowered the likelihood of progression to other drug use. Postponing the first experimentation of alcohol for children had been shown as a more reachable goal than eliminating the trial use of substances among adolescents. Social acceptance of substance use, decreased barriers against use, and actual levels of use were related. High school students were less favorably disposed toward their schools' prevention activities than younger survey respondents and those who reported the heaviest substance use were the least favorable. The surveys show some of consequences of early onset of substance use. Older students began their substance use in middle school or earlier and have had more time to develop more serious use by the time they reach their mid to late teens. They also began using in environments which use was more acceptable than it was today as well as less deviant (Carlson, 1994).

Alcohol Prevention Programs

The following information presented involves a detailed explanation of the various programs used at the elementary level. What the interventions, goals, and objectives are will be provided as well as research, if available, stating the

effectiveness and the ineffectiveness of the alcohol programs. Many offer solutions or recommendations for improvement. The programs are divided by implementations focusing on either use or abuse.

The Focus on Abuse

DARE

Drug Abuse Resistance Education (DARE) is a substance use prevention education program taught by the police. It was developed in 1983 by educators for the Unified School District of Los Angeles, CA in collaboration with the LA police department (Zagumny & Thompson, 1997). It was designed to provide fifth and sixth grade students with skills associated with decision making, problem solving, coping, and resisting peer pressure (Harmon, 1993; Pellow & Jengeleski, 1991). It also attempted to prevent violence and use of alcohol, marijuana, tobacco, and inhalants by American youth. DARE's solution to adolescent alcohol abuse was to begin at an early age before they were likely to experiment with drugs.

A 1995 study on effectiveness of DARE implemented in Southern New Jersey found that no differences existed between students either in or not in the program. This implies that DARE may be marginally effective at improving knowledge and attitudes but further development was needed to create positive changes in behavior. A critical component of DARE was to introduce high school role models to younger students (Harmon, 1993; Zagumny & Thompson, 1997).

Pellow and Jengelski (1991), researched DARE across several states and it was reported that this program provided children with information and skills that maximize their potential for adopting healthy drug free habits. In an assessment of Illinois State Police's DARE program, information reported that an analysis of videotapes of resistance skills indicated that students learned resistance skills. Little research existed on the effectiveness of law enforcement as program instructors (Harmon, 1993). DARE students had more beliefs in pro-social norms, more attitudes against substance use, more assertiveness, and more positive peer associations than the comparison group. DARE students also reported less association with drug using peers and less alcohol use in the last year (Harmon, 1993)

Comparing DARE to other promising prevention programs suggests several points that make it a candidate for success. First it is offered to students before the age they start experimenting with drugs. Second is the fact that law enforcement conducts the lessons in hopes to increase attitudes towards law and police officers. Third, this program attempts to prevent the use of 'gateway drugs' to decrease the chance of heavier drug use. Lastly, DARE used a number of aspects from the second generation, such as the development and practice of life skills (coping, assertiveness, and decision making).

A study in South Carolina compared 708 fifth graders in eleven elementary schools (Harmon, 1993). Students came from five schools using the DARE program and six did not. The 'You and Your School Questionnaire' was used to measure DARE objectives and factors associated with later drug use. Research found that DARE students had more views in pro-social norms, more attitudes against substance use, more assertiveness, and more positive peer associations than the comparison group. DARE students also stated fewer associations with drug-using peers and reported using less alcohol in the last year. However, both groups were equal on social integration, commitment and attachment to school, rebellious behavior, coping strategies, attitudes about the law enforcement, self-esteem, and last-year and last month drug use (Harmon, 1993).

Harmon (1993) also found that methodological flaws exist in the evaluation process of its effectiveness: (1) no control group (2) small sample size (3) posttest only (4) poorly operationalized measures, (5) low alpha levels for scales ($<.50$), (6) no statistical tests performed, and (7) pretreatment differences not taken into account. Evaluation studies were conducted in similar ways but their results were considerably different. A study in North Carolina reported a significant difference in the general attitudes toward drugs, attitudes toward specific drugs, perceptions of peer's attitudes toward drug use, assertiveness, recognizing media influences to use drugs and the costs associated with drug use. No statistical significant effects were found for self-

reported drug use, future intentions to use drugs, perceived benefits of drug use, or self-esteem. A study in Frankfort Kentucky compared DARE to control students and found significant differences in favor of DARE on all outcome measures, including self-esteem, attitudes toward the police, knowledge of drugs, attitudes toward drugs, perceived external locus of control, and the peer resistance scores. The third study in Lexington Kentucky found significant differences between the treatment and control group regarding general drug attitudes, negative attitudes toward specific drugs, and peer relationships. Differences were not found in for self-esteem, peer pressure resistance, or self-reported drug use. The only similar outcome for all three studies were drug attitudes, self-esteem, and peer resistance. Studies of the DARE program have produced different conclusions so evaluations were inconclusive.

AMP

The Alcohol Misuse Prevention (AMP) study was based on the social skills approach. The goal of this prevention intervention was to provide students with social skills needed to avoid alcohol abuse (Dielman, et. al., 1989). Its aim was to teach students about alcohol in its social context. Curriculum goals included increased student awareness of short-term effects of alcohol, risks of alcohol misuse, and situation or social pressures to misuse alcohol that students may encounter in the near future (Dielman et. al., 1986). Each lesson was previewed, taught, than

summarized. Previous lessons were reviewed. Audiovisual materials, student activity sheets, and handouts were designed to maintain interest. Alcohol misuse prevention intervention required periodic monitoring of the use and misuse variables over time in order to detect these effects as the control groups students begin to use and misuse alcohol at rates (Dielman, et. al., 1989). The curriculum was presented in four sessions that were each forty-five minutes long to fifth and sixth grade students. The sessions provided students' a number of opportunities to develop and practice new skills in role-play (Dielman, et. al., 1986).

Students from 213 classrooms in forty-nine schools were assigned randomly to one of three experimental conditions (treatment, treatment plus booster, control). The fifth graders were in the treatment group and the sixth grade students were in the control group. Each grade was assigned randomly to pretest and no pretest conditions to test the effect of pretesting and the pretesting treatment interaction on self-reported behaviors. The study design included posttesting all students at the end of the first school year in which the prevention program was presented, as well as at the end of the two subsequent school years. Questionnaire items attempted to measure the quantity and frequency of alcohol use, the misuse of alcohol, and type of prior experience with alcohol (Dielman, et. al., 1989).

The results indicated that the intervention was successful in communicating the basic information that was intended to convey to the treatment group. An alcohol

misuse prevention (AMP) program required periodic monitoring of the use and misuse variables over time in order to detect these effects as the control group students begin to use and misuse alcohol at rates reflecting those of the general population. Students' use of alcohol increased over time and the changes in misuse were not significant between the treatment group or the control group. Students in the treatment group showed greater awareness of the curriculum content than the control group and alcohol use and misuse were not yet significantly different between groups due to the low prevalence in both groups (Dielman, et. al., 1989).

SAP

An implementation programs based on positive research results is the Student Assistance Program (SAP). SAP is a comprehensive, joint school community effort. This program identified, assessed, referred, and supported students at all grade levels affected by alcohol and drug abuse (Pellow & Jengelski, 1991). Student Assistant Programs focus on behavior and performance at school, using a process to screen students for alcohol, tobacco, and other drug problems. The purpose of SAP is to provide school staff with a mechanism for helping youth with a range of problems that contributed to alcohol or other substance use. Teachers and other school staff receive training on how to identify youths experiencing problems (Center for Substance Abuse Prevention, 1993).

Pellow and Jengeleski (1991) reported that a SAP was successful because

they addressed student drug problems as a “systems issue” not unlike a dysfunctional family system. In Pennsylvania, 450 out of 503 schools used a SAP in their educational system and data showed positive teacher satisfaction and a 43% decrease in student absenteeism. In Texas, researchers found consistent results with previous research that adolescent drug programs need to emphasize the development of positive peer relations and family support while encouraging disassociation with deviant friends (Pellow & Jengeleski, 1991). Successful Student Assistant Programs need commitment of the school boards, principals, and community members (Center for Substance Abuse Prevention, 1993). No other data was found regarding the research on the effectiveness in drug education or decrease in drug use.

RCMHC

Resilient Children Making Healthy Choices began in 1993 by the Virginia Institute for Developmental Disabilities at Virginia Commonwealth University was a prevention designed to provide preschool children with life skills that would protect them from future involvement with drugs, violence, and other antisocial behaviors. This program provided early elementary teachers, parents, and other individuals with training, technical assistance, and effective prevention strategies to better understand the effects of substance abuse and violence on child development. The focus was on children and their ability to overcome adverse life conditions and become healthy, socially competent adults. Teachers attempted to influence children’s lives by

teaching them how to: make safe and healthy choices, get along with others, solve problems non-violently, express their feelings in socially acceptable ways, use self-control, cope in safe and healthy ways, distinguish between safe and unsafe substances and situations, and develop and maintain drug-free attitudes (Hunt & Geller, 1996).

The Resilient Children Making Healthy Choices program developed an early childhood curriculum called *Al's Pals: Kids Making Healthy Choices*, where trained teachers introduce to young children specific prevention strategies for substance abuse. Curriculum activities focus on the development needs through the use of puppets, songs, plays, games, photographs, and children's books. These class activities taught children how to learn accurate words for different feelings. Early evaluations indicated that the project had a positive impact on participating teachers and children. The Resilient Children Making Healthy Choices program has been viewed enthusiastically by educational administrators, teachers, and parents in Virginia. The Southeast Regional Center for Drug-Free Schools and Communities recognized the project as a "prevention program that works" (Hunt & Geller, 1996).

THE GATEWAY DRUG

A prevention program educating fourth graders in the needy environments of New York is referred to as "Alcohol: The Gateway Drug." It is a comprehensive

approach used to bring the school, community and home together through these various components:

- 1) Teacher training regarding alcohol education including opportunities for the teacher to express individual attitudes and views;
- 2) Substance Abuse Prevention and Intervention Specialists (SAPIS) plus Teachers' provided prevention lessons specific to alcohol;
- 3) Small group counseling by SAPIS which targets high risk students, along with the goal to improve the ability to avoid alcohol use; and
- 4) Parent workshops provided information on alcohol and community resources (ED349502, 1991).

Children were interested in the content provided and learned about alcohol, but that may not have had the intended impact. When asked about what had been learned, they reported that they knew how to spell new words like "alcohol." The beginning 1990 parental workshops had low turnout, but had improved throughout the years. Parents learned that SAPIS were not only for their children, but for them as well.

Problems with this program include working with uncooperative teachers that did not agree that alcohol was a drug as well as uncooperative principals who disagreed with teachers attending all day training sessions. Appropriate locations for training teachers were also problematic. Problems with parental workshops consisted of low participation because of the acceptance of alcohol in the community

along with a denial of a problem by parents (ED349502, 1991). Many individuals thought the timing of the SAPIS program was too late, because April was too close to the end of the school year. A director found that because of inflexible school schedule and conflicting demands all student needs were not met. Those individuals who required the most assistance were already in pull out programs and lacked the time for counseling. The individuals in charge of SAPIS had too much to deal with including children, parents, training teachers, preparing lessons, and paperwork. The number of children needing assistance was higher than the ability to provide services (ED 349502, 1991).

Positive aspects resulted from this intervention, such as teachers acquiring new knowledge and passing it to their students. Training helps clear up myths for teachers as well as students. Students were more aware of the dangers of alcohol because of the classroom lessons. Classroom sessions were effective in teaching students on the effects of alcohol and identifying students at risk.

Recommendations include prior approval from teachers and principals. Another is the assignment of single SAPIS to implement and split into other services, which would allow one individual time to coordinate all the services to the students, parents, and community. SAPIS also needs to have extensive training in order to provide services, especially training to teachers (ED349502, 1991).

BABES

Beginning Alcohol and Addictions Basic Education Studies (BABES) targets pre-school through twelfth grade students attempting to fight alcohol and other drug abuse. BABES is a broad based curriculum created to teach cognitive and general life skills. It was comprised of seven individual sessions, the curriculum was presented through seven puppet characters with personalities that represent various prevention concepts. These sessions have been altered for age groups one-one and one half to three, three to eight, nine to thirteen, and fourteen to eighteen (ED351636, 1989).

BABES began in 1979 and served more than one million children in forty states and four foreign countries each year. All participants of BABES take pre and post tests. Participants are trained through evaluation forms. Documents are reviewed in order to maintain quality and modify to improve the program. BABES had been subjected through a number of evaluation studies. They found clearly observed behavior change in elementary students and master of the BABES subject matter by eight and nine year olds. BABES is based on its replicability and several methods were developed so this program could be used throughout the United States. These are the development of grade and culture specific materials, training of BABES presenters, constant program evaluations, and monitoring and enhancement of the BABES Godparents organizations (ED351636, 1989).

The Focus on Use

HLAY 2000

“Here’s Looking at You, 2000” (HLAY 2000) is a program which focuses on comprehensive alcohol education taught at the K-12 level. Two major elements of this intervention are comprehensive school curriculum, which was experienced throughout students primary and secondary education, and a thorough thirty hour training program for the teacher involved in the process (Zagumny & Thompson, 1997). HLAY 2000 was a drug education prevention curriculum stressing a “no use” rather than a “responsible use” approach through the use of puppets, books, videos, games and posters. This program teaches social skills and tried to promote students’ self-esteem, bonds with families, and other pro-social institutions. The curriculum was made up of three major elements. The first provided drug information on “gateway” drugs, chemical dependency, fetal alcohol syndrome, and driving and using drugs. The second regarded social skills training on how to be assertive make friends, how to say no, and how to deal with pressure. The last component included bonding activities that involves discovering personal strengths and learning how to feel good about oneself (Kim, McLeod, & Shantzis, 1993).

HLAY 2000 involves sending parents newsletters, informing them of up to date drug information, lessons at grade level, and ideas for family activities. Family homework were included at all grade levels in order to involve parents in what

students were learning at school. The conceptual roots were information-rationale model, social bonding theory, social learning theory, social development model, problem behavior theory, and self-derogation theory (Kim, et. al., 1993).

A review of literature was generated from fourteen evaluation studies of the HLAY 2000 program (Kim. Et. al., 1993). Of the fourteen, eleven reported an 84.6% knowledge gain. In other measurements such as social/life skills, self-esteem, attitudes, and drug use findings were inconsistent. Out of the total fourteen studies, five (35.7%) reported attitudinal improvements, four (28.6%) reported improvement in social/life skills, two (14.3%) reported reduction in tobacco use and only one (7.1%) reported reduction in marijuana use. None of the studies showed positive behavior changes in substance use and some reported and increase in use. No study found attitudinal or behavioral improvements without gain in knowledge. Positive outcomes were observed between students in grades fifth and seventh, but no changes were seen in grades sixth and eighth, suggesting program inconsistency (Kim, et. al., 1993). Additional research by Zagumny and Thompson (1997) found that HLAY 2000 had a positive effect on increased knowledge of alcohol, but other measurements regarding self-esteem and attitude toward drug use, social skill, coping, drug using behavior had little to no effect. These were all considered the key components to long term decrease of alcohol abuse.

PRIDE

Parent Resource Institute for Drug Education (PRIDE) program had achieved high visibility in nineteen secondary schools (Faris & Nichol, 1996). It is a national organization that supports information collection, parent involvement, and prevention activities. Its survey instrument was made available to the entire county through the County Sheriff Department's crime prevention officer (Carlson, 1994). To be members of PRIDE, students must be committed to staying drug free. Weekly held practices at schools developed a close peer group with similar values, strengthening resistance to negative pressures in the larger school community (Faris & Nichol, 1996). Project Pride is a multi-modal substance use prevention strategy focused on the knowledge of drugs and the harmful effects on the body, feeling better about oneself without using substances, strategies for keeping peer relationships, and decision making skills. These were all viewed as key elements, critical to every prevention program. PRIDE also provides activities to improve self-esteem, communication skills, and problem solving skills (Flannery & Torquati, 1993).

Project Pride had been used in various school districts in kindergarten through sixth grade for the past eight years. Teachers were trained prior to their first year teaching in a one day workshop. They become familiar with the curriculum and determined how to integrate it with other activities in the classroom. Teachers were

prompted to use trained parent volunteers to aid in the implementation of materials in the classroom.

Project Pride requires teachers' to make time for substance use prevention activities and regular classroom curriculum. This introduced a time constraint for both regular and prevention activities. Teachers indicated that assistance with the integration of PRIDE would be an important part of follow-up along with continued support. Over half of the teachers' stated that they wanted more time to implement this program into their classroom. From eight elementary schools, one-hundred-one teachers and eleven administrators responded to the substance use prevention program survey. Self-report questionnaires were designed to examine: 1) general satisfaction with and the implementation of PRIDE; and 2) the actual factors that relate to the satisfaction and implementation of the program.

Teachers generally agreed that PRIDE was a valuable teaching tool and was beneficial to children regarding substance abuse. Nearly all the teachers felt PRIDE work sheets were easily understood. Almost one in every four teachers indicated that some program materials were inappropriate for age level of students. Teachers and administrators reported that the critical components of prevention programs were updated training and ongoing support if the implementation was to be effective. They also requested more age appropriate materials and activities, since some of the same strategies were used in kindergarten through sixth grade. A final request was

receiving additional assistance with the integration of the prevention program activities into other subject areas. Project Pride was implemented most often in Health classes and was also used in Writing, Social Studies, Reading, and Art (Fannery & Torquati, 1993).

Flannery and Torquati (1993), described qualities of PRIDE as an effective prevention program. Development of curricula was needed which teachers perceived as beneficial and age-appropriate to classes. Second, training facilitating the implementation of the curricula required designs which could be integrated into existing classroom activities. Lastly, ongoing training and support that focused on assisting with integration of activities into the appropriate subject areas. Their view was that the effectiveness of any program depended on the satisfaction and enthusiasm of teachers and administrators.

CAPP

Another intervention program was the Cross Age Peer Program (CAPP). Research had shown that peer interventions in social influence resistance training had resulted in an increase in the reduction of drug use. Students were trained by the Center for Drug Free Schools' (CDFS) personnel and their school sponsor to teach activities and lessons from the upper elementary drug prevention curricula. Arranged visits allowed peers to teach lessons in various elementary schools. The younger students liked the attention and interest of the older students and were provided

chances to ask questions about high school life and how to resist pressure from their peers. Additional activities in the CAPP were mentoring and individual tutoring of the elementary students. Those who were viewed as most at risk were chosen to regularly interact with positive role models provided through this program (Faris & Nichole, 1996).

U of MICHIGAN INTERVENTION

A Michigan school district and the University of Michigan created a program focused on 4,370 youths in grades fifth through eighth to reach students before substance use behavior occurs. Students were taught about the pressures to use substances, short-term effects of substances, and how to resist the temptations to indulge. The fifth and sixth graders received seven lessons taught by classroom teachers in regular classes. Educators received copies of media along with other materials to present in teaching curriculum. Both pretests and posttests were used to determine student's views and knowledge concerning substance use behavior outcomes. Self-administered questionnaires looked at various demographics: knowledge of substance; pressure to use; and skills to resist offers; use of tobacco, alcohol, marijuana, cocaine, and other drugs; and misuse of alcohol (Shope, Copeland, Marcoux, & Kamp, 1996).

Students in both the program and comparison group increased their total knowledge, although the programs group increased at a faster rate. This was also the

case regarding the knowledge of the effects of substance use and knowledge of skills to resist pressures. A significant interaction occurred with the control group with knowledge of pressures to use substances. Research also found that more students had begun using substances when interventions were not used until the eighth grade.

SPARKS

An educational program based on the “no use” message is SPARKS (Smart People Act Responsibly to Keep Safe). This program progresses from kindergarten to eighth grade and stresses that alcohol, tobacco, and illicit drug use was unhealthy and harmful, and the laws and values from society should be respected. Lessons built resistance to pressures encouraging drug abuse, promoted safe, healthy and responsible attitudes, and corrected mistaken beliefs and assumptions. Lessons appear on thirty-six task cards and intended to be used once a week during the school year. The sequence and frequency occurred at the teacher’s discretion. Task cards can worked on individually or in a group. The age appropriate cards included benchmarks, a one or two line goal for the lesson, a short message presented to the students, and an activity. If students work in teams, a team symbol and name show be created and displayed. Teachers could administer points to teams at their discretion (Drexler, 1994).

RICCA

RICCA (Rock Island Co. Council on Addiction) Prevention Services works under a broad community development model using five preventive strategies: information, life-skills, training of impactors, alternatives and social policy change. The major school based activities involving substance abuse is the drug and alcohol education presentations to augment existing materials and curricula. The program's funding comes from the Illinois Department of Alcoholism and Substance Abuse. RICCA's activities have reached a range of individuals. This program trained 1,315 classroom teachers in curricula, alcohol and other drug-abuse, prevention, and supportive classrooms. It also trained 1,341 youths in leadership, prevention of alcohol and other drug abuse, and team building. RICCA used both outcome and impact evaluations to increase the effectiveness and response to the communities needs. High priority is put on testing, documentation and publication of the results of the activities (ED351636,1989).

McGRUFF

Recent research supported the idea of prevention programs for four and five year olds. These programs promote positive self-concepts in children by focusing on self-esteem and problem solving and decision making skills. Other skills stressed by the programs were creative thinking, conflict resolution, kindness, listening, and sharing. Activities "Starting Out Right" designed for parents and "Talking With

Young Children About Drugs” used by teachers and parents helped ensure consistent information about specific issues were provided for the children at school and home (ED383474, 1994). Activities involve familiarization with Scruff and McGruff. They provide steps on problem solving and decision making. Activities also included learning about health and safety, distinguishing between good drugs and bad drugs, learning from whom to accept medicines, and understanding how drugs affect the body.

CHAPTER 3

Discussion and Implications

Question 1: What are the most widely used alcohol prevention programs at the elementary level?

It was not determined what the most widely used intervention programs were at the elementary level. Various programs were presented, but information determining what intervention was used most frequently was not provided. The only conclusions that could be determined were what programs were most frequently mentioned through the literature review. From the numerous articles collected throughout this study, the programs mentioned most often were DARE and PRIDE although there was even limited information on these intervention as well.

Question 2: At what age do these programs begin and how often are preventive strategies implemented?

The earliest ages presented with information regarding alcohol information were preschooler with the BABES, McGruff, and Resilient Children Making Healthy Children programs. SPARKS, HLAY 2000, and PRIDE, begin interventions as early as kindergarten. The Gateway program focused solely on forth graders while the rest of the programs were for fifth graders on up.

The issue regarding frequency of implementation was rarely addressed. The majority of the studies even discussed how often the program was used in a school year. PRIDE reported weekly use, but did not include how long this lasted or its

consistency. AMP also addressed the number of sessions and amount of time spent, but not in regards to the whole educational year. Another program that only stated the number of sessions presented to the students was BABES. SPARKS was the only program that reported implementation once a week throughout the school year.

Question 3: What are the most effective intervention programs used at the elementary level?

Based on the research to date, it can be concluded that finding an effective intervention for children has not occurred. A number of programs are used, but no research exists supporting or disproving their results. Although some programs are more well known and are used more often, we have yet to determine what intervention will prevent alcohol use among children. It is clear that much more needs to be known about the effectiveness of substance abuse education. Further study of some of the patterns found from previous meta-analysis studies may prove to be beneficial in identifying the components of an effective substance abuse program (Bangert-Drowns, 1988).

All of the thirteen programs focused on increasing the knowledge of substance use. A majority of the studies reported that alcohol programs increased the knowledge for both teachers and students, but CAPP was the only program that reported a decrease in the actual use of alcohol among students. The other objectives most often attempted in intervention programs are social skills, pressure to resist, and problem solving.

Question 4: What changes need to be made in order to create a more effective alcohol intervention program?

Because of the lack of empirical research regarding the effectiveness from previous or current alcohol programs it is difficult to choose the most effective intervention. Much more research needs to be conducted before determining a positive alcohol program. It is important for practitioners in the area of child and adolescent health to be aware of the relative success of the numerous methods of prevention that have been used in the past. It is often the educating practitioner who is relied upon as a source to expertise for the development of school prevention curricula.

From the information presented earlier, it was found that informing adolescents is not enough, something else has to be done. Teaching the facts and negative implications has proven not to lead to a decrease in the behavior of today's youth. It is going to take more creative thinking and time to determine effective strategies in order to reach adolescents. The major meta-analysis by Tobler (1986) states that peer programs and skills building are the most effective programs in changing behaviors, but specific interventions were not provided.

Implications for School Psychology Practice:

As a School Psychologist it is critical to remain aware of that various programs and their effectiveness as well as the concepts of use and abuse in regards to alcohol. These words, use and abuse, are vastly different and too many times they are used interchangeably when discussing alcohol and adolescents. Throughout the research, the author found some studies addressing use and some abuse, with a few discussing both. The individual programs were the same way. It was sometimes difficult to determine the focus of their interventions because they were not all consistent in regards to use or abuse. They were both used at times when describing the program strategies. When determining a central program for a school district, educators need to determine what the focus on the intervention will be. From this the specific components and criteria can be determined.

The wise School Psychologist would approach others with background knowledge on the various methods used in the past and state the research results firmly, but also listen to suggestions, because it is critical that everyone is involved in this process. Parents, administrators, counselors, other staff, and the community should be involved and aware. We would need to discuss all options and then list all the elements. All schools are required to have crisis prevention, but this issue is a crisis itself. The content could be made into a pamphlet or packet so everyone knows the steps toward implementing the program.

An important aspect of alcohol abuse intervention would involve peer participation. From personal experience and from various researchers it is known that adolescents have a huge influence on each other. Articles reviewed here discussed how children or adolescents view alcohol through their peers' reactions. Most adolescents listen to other same age peers or older adolescents before any other figure. People in general do not want to stick out or be different from others and find ways to fit in. Unfortunately alcohol consumption is often the solution to peer acceptance. If educators could find individuals who chose other ways than alcohol to be mentors, it may lead to another form of conforming. If peers are a part of the implementation, the school needs the staff or outside sources to train peers to be effective mentors. The training should be as informative as if the school's staff were training for the position. This is a serious responsibility and we need to make sure these peer mentors are qualified to work with these troubled youth.

As a School Psychologist the author will attempt to build trust between herself, the faculty and most importantly, the student. They will know from the beginning that the psychologist has expectations as well as definite enforced rules, but she will treat them with respect and not criticize them or their situation. Genuine interest in each student will be expressed along with emotional support. The best way to hear a student is to let him/her talk without forcing information. If a student trusts you, they will open up in time. The School Psychologist's goal is to determine

why a student believes it is okay to consume alcohol. The first option would be to determine whom this individual looks up to because it has been stated numerous times that if someone you respect or admire views alcohol as glamorous, then you are more likely to view alcohol in the same respect. This may happen when students have family members, especially a parent or sibling, who view alcohol as a positive substance. The psychologist would discuss the situation with the peer and determine why they agree with this influential individual and would attempt to find a trained peer to interact with the student in order to show that there are others their own age with a different view.

Another critical component involves the students. It is often easier to figure out something on your own, rather than have to listen to adults teach or preach at you, so it may be beneficial for schools to provide a website on alcohol use and abuse. This would allow individuals to compare their own behaviors and attitudes regarding alcohol. This would also increase their knowledge regarding the affects alcohol has on the mind and body. The psychologist can assume that the information on the website is accurate and relevant

Other interventions may include a speaker who abused alcohol and killed someone while driving or was put in jail for the night for their behavior. An important prevention technique would involve the participation of the students through role play or through a trip to a jail so they could actual talk to someone

whose life was changed because of their alcohol abuse. Through various activities, students will learn how to react in a situation that they may have been unfamiliar with. They would build the necessary determination skills in order to deal with future occurrences or maybe the present situation they are in now. Adolescents are not always going to make the right choices, but with the schools, parents, and communities help, they may learn to self-evaluate, set goals, problem solve, and make good decisions. The goal is to involve the students, because they are whom all these ideas and programs are about.

Recommendations

Replications of DARE evaluations need to be continued because of the inconsistent evidence concerning the programs overall effectiveness. Longitudinal studies would help determine the long-term goal for preventing drug use. A problem with this idea would be to find a treatment free control group because every school has some form of alcohol education (Harmon, 1993). It would be interesting to compare DARE program outcomes using peer leaders versus law enforcers as the program instructors. Skill acquisition results from practice and reinforcement, so any new life skills taught, such as problem solving, should be attempted through every day homework where students practice skills in the context of the real world, rather than just through role play. DARE along with any other prevention programs should

include a series of follow-up sessions to improve the likelihood of sustaining positive effects (Harmon, 1993).

Since locally developed curricula are so frequently used, content needs further study. Further research is also needed to investigate the training teachers receive, and how training leads to the implementation of prevention curricula. Teachers clearly need the adequate training to deliver specific skill-focused programs. Educators that focus on developing skills, rather than merely stating the information have more potential (Hansen, 1988). Public Law 342 needs to be studied further in order to determine the extent schools, especially schools with limited resources, comply with the law (Bosworth & Cueto, 1994).

Schools need to determine the extent of alcohol and drug use and check on use regularly. They need to determine clear and specific rules concerning alcohol and other substance use that involve strict corrective actions as well as enforce alcohol policies fairly and consistently. Implement a clear prevention curriculum for kindergarten through twelfth, teaching the negative aspects of alcohol and drug use and ways to resist pressure to use (Pellow & Jengelski, 1991).

Based on the research presented above there seems to be a lack in experimental study for alcohol education interventions. The material collected was often based on definitions, objectives, and goals without any research to base its success or failure. More results needed rather than just statements of potential.

There also needs to be more studies at the elementary level. The articles discuss this age group, but the actual studies conducted are usually at the junior high or high school level.

There is also a lack of clear detailed explanations regarding peer mentoring. These articles mention teacher and peer training, but yet avoid providing any actual activities or components of this experience. This is a critical responsibility and it should be considered one of the most important parts for effective implementation. Further research needs to focus more attention on effective training procedures.

Conclusion

Alcohol along with other substance abuse education interventions are provided throughout the nation to schools everywhere. More programs are implemented everyday into curriculum activities. These programs take a lot of time and energy for educators to implement and require consistency and commitment. As educators and society becomes more aware of adolescent problem behaviors, efforts in school prevention programs need to be broadened to include interventions designed to help youth gain control of a number of addictive behaviors. The development of effective prevention programs need to acquire an understanding of the factors that lead to addictive behaviors. Once this is determined the knowledge and information needs to be translated into strategies and interventions.

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